

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/607930

FILING DATE

APPLICANT(S)

CLAIMS

	12/22/04		2/2/05			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4		1		1		
5						
6		1		1		
7		1		1		
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11		1		1		
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41	1		1			
42						
43		1		1		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	5		5			
TOTAL CLAIMS	7		7			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						